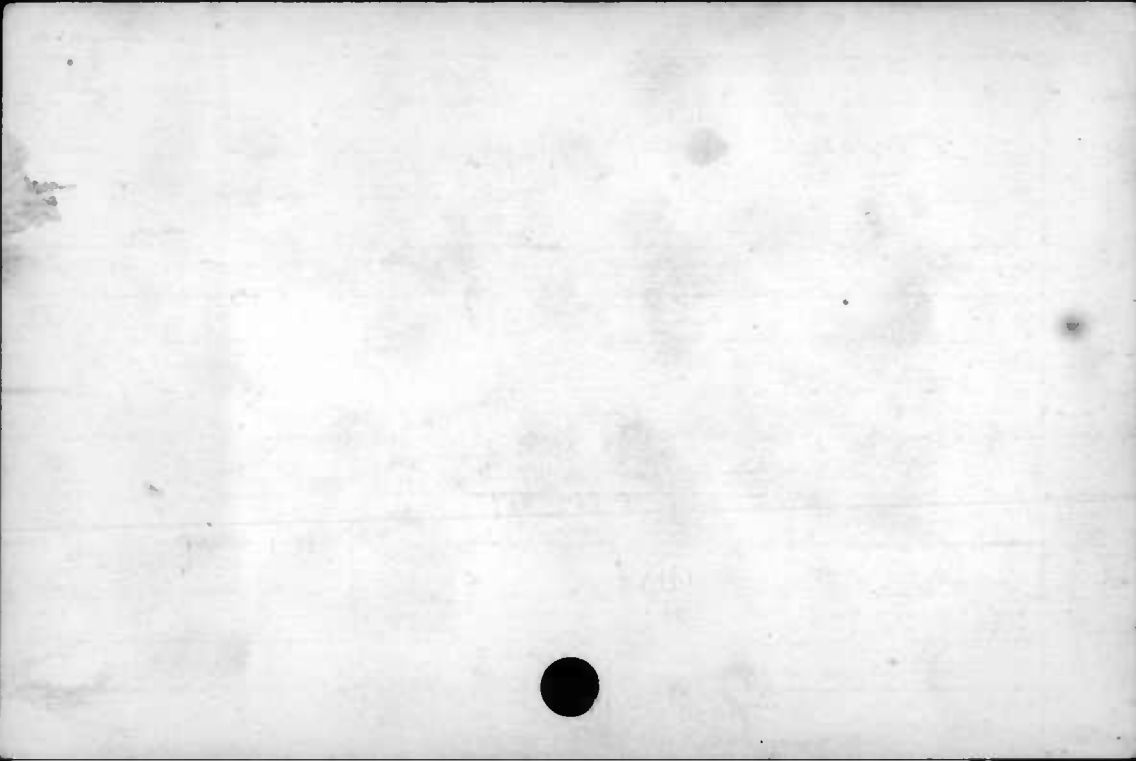


Name In Full		Jacob R Baker				CERTIFICATE OF DEATH	
Died at		Town alpha		County Howard		MARYLAND	
Date of death		1907	Month Sept	Day 17	Age m	Years	Months 1
Sex male		Color or Race white		Birth-place alpha Md		Days 1	
Occupation				Where Residing if not at place of death at home			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Thomas Baker				Father's Birthplace Md			
Mother's Maiden Name Ella D. Souder				Mother's Birthplace Md			
Name of person giving information Thomas Baker				How related to deceased Father			
CAUSES OF DEATH							
Primary		meningitis				How long about 1 week	
Immediate		convulsions				How long 2 hrs	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Benj. F. Shipley M.D.		Address alpha B.P.D., Howard Co Md	
Accident or Suicide?		9					



Name
in
Full

Wm William Barry

CERTIFICATE OF DEATH

Died at *Glenwood* Town

Howard County

MARYLAND

Date of death *1907 Sept*

Day *2*

Age *—* Years

Months *—*

Days *21*

Sex *Male*

Color or Race *Colored*

Birth-place *Maryland*

Occupation *Baby*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *William Barry*

Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Smith*

Mother's Birthplace *Maryland*

Name of person giving information *William Barry*

How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Marasmus*

How long *2 weeks*

Immediate *Exhaustion*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

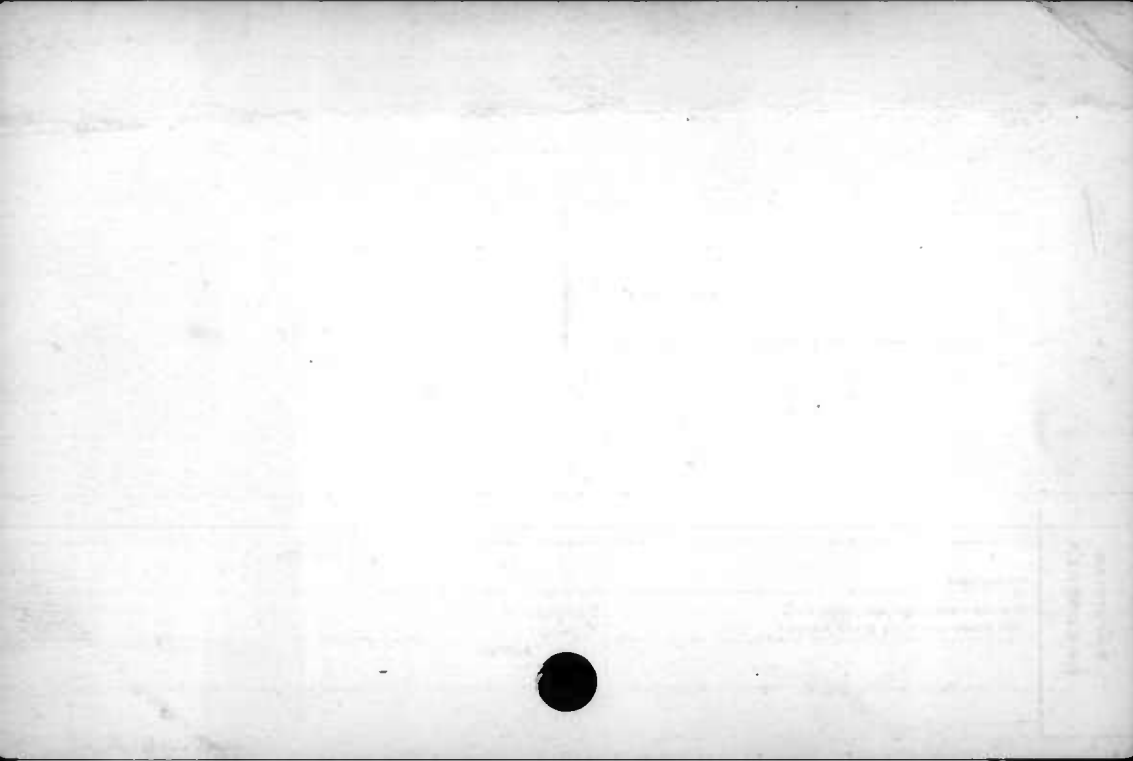
Address

Accident or Suicide? *—*

*J. W. Smith Jr.
West Friendship
Howard Co. Md.*

TO BE ANSWERED BY,
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Richard Baskville

CERTIFICATE OF DEATH ✓

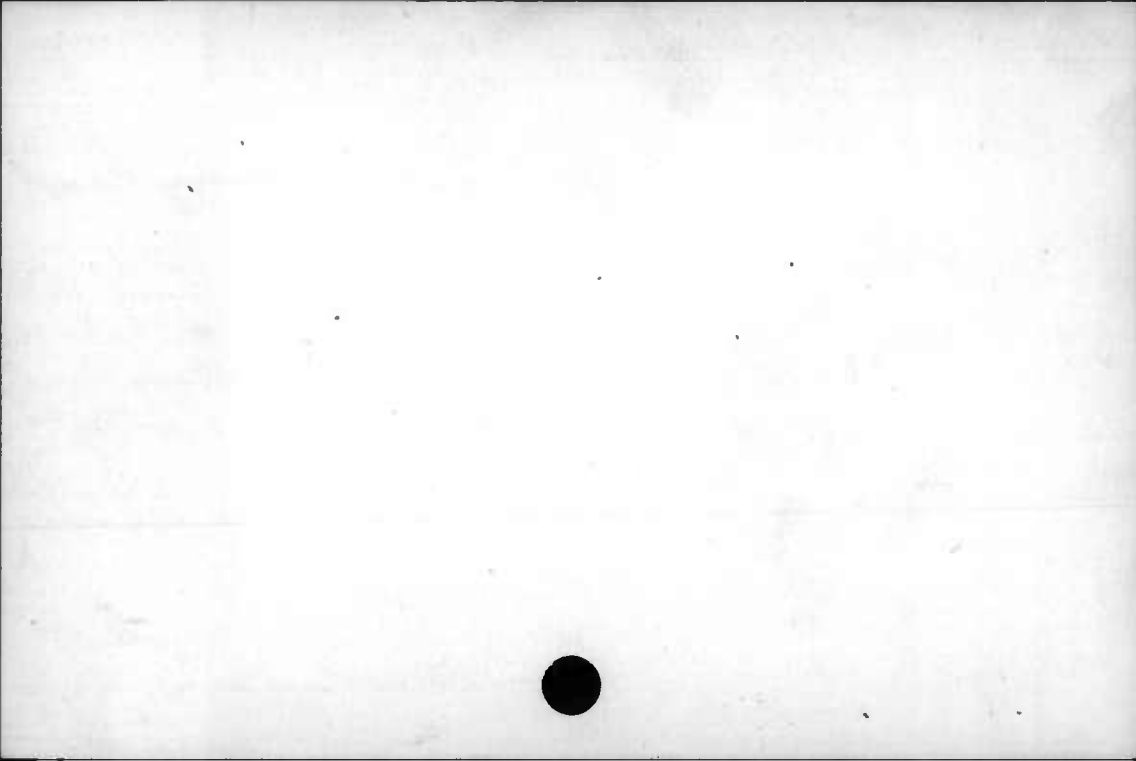
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>22</i>	Age <i>no</i>	Years	Months <i>10</i>	Days <i>20</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>Ellicott City</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Richard Baskville</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Lizzie Gaither</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Richard Baskville</i>				How related to deceased <i>Father</i>			

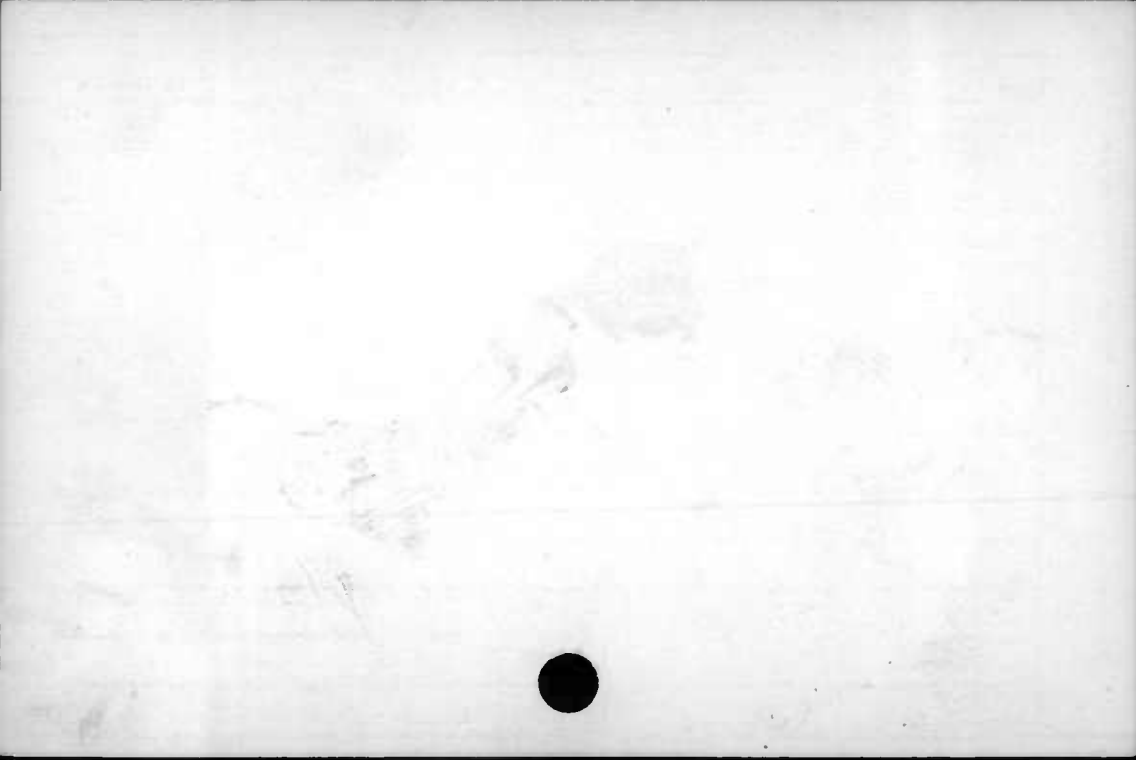
CAUSES OF DEATH

PHYSICIAN
OR CORONER

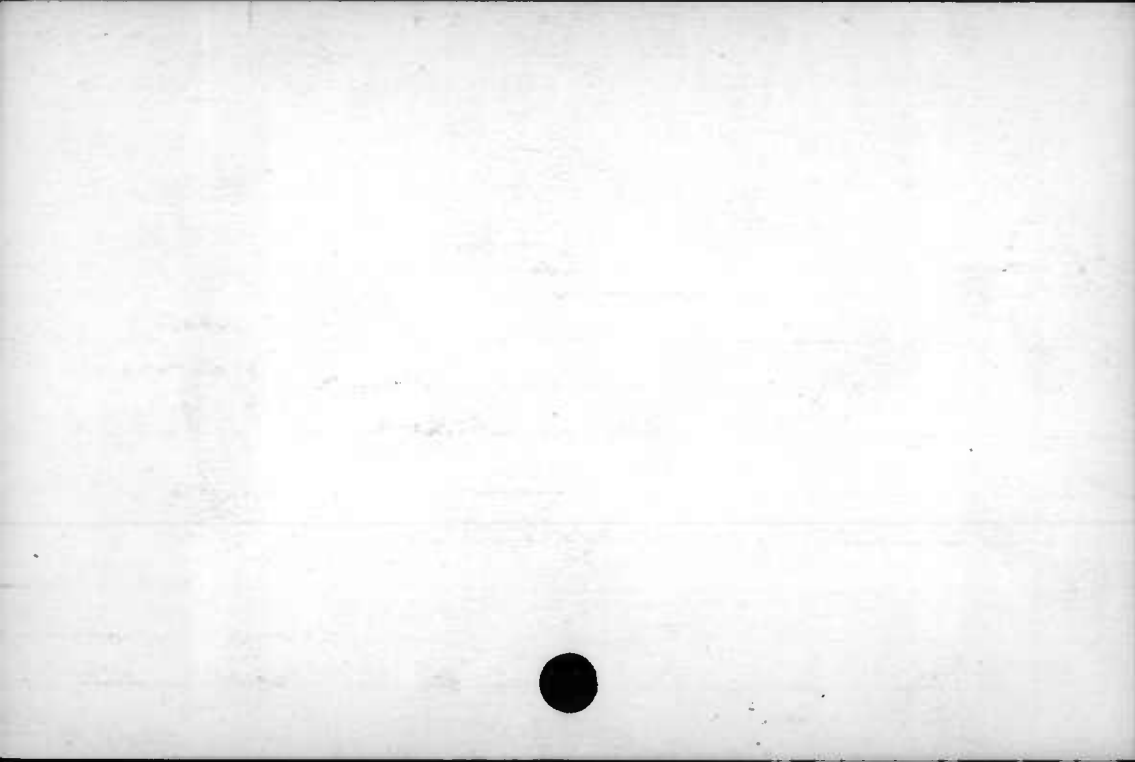
Primary <i>Pneumonia</i>	(93)	How long <i>10 days</i>
Immediate <i>Exhaustion</i>		How long <i>five hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. C. Shinn</i>
		Address <i>Ellicott City</i>
Accident or Suicide? <i>9</i>		



Name in Full		MATHILDA Boston		County		MAYLAND		CERTIFICATE OF DEATH	
Died at		Town		County		MAYLAND			
Date of death		Month		Day		Age		Years	
1907		9		2		62			
Sex		Color or Race		Birth-place					
Female		Negro		Md					
Occupation		Where Residing if not at place of death							
Housewife		at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Married		Daniel Boston							
Father's Name		Father's Birthplace							
Samuel William		Md							
Mother's Maiden Name		Mother's Birthplace							
Achsah Valentine		Md							
Name of person giving information		How related to deceased							
Daniel Boston		Husband							
CAUSES OF DEATH									
79									
Primary		How long							
Dysentery of Heart		some years							
Immediate		How long							
Failing Compensation		4 weeks							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		Address							
		Savage							
Accident or Suicide?									
No									



Name in Full		Oscar Burnier twin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Elk</u>		Tcwn <u>Howard</u>		County <u>Howard</u>		MARYLAND
	Date of death <u>1907</u>		Month <u>Sept.</u>	Day <u>9</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
	Occupation <u> </u>				Where Residing if not at place of death <u> </u>		
	Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>				
	Father's Name <u>George W Burnier</u>				Father's Birthplace <u>Maryland</u>		
	Mother's Maiden Name <u>Mary Lucretia Thompson</u>				Mother's Birthplace <u>Maryland</u>		
	Name of person giving information <u>Mary Lucretia Thompson</u>				How related to deceased <u>Mother</u>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 10px;">179</div>							
PHYSICIAN OR CORONER	Primary <u>Malaria</u>				How long <u>one week.</u>		
	Immediate <u> </u>				How long <u> </u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>J. W. Webb Jr</u>		
	<u> </u>				Address <u>West Friendship</u>		
	Accident or Suicide? <u>No</u>				<u>Howard County, Md.</u>		



Name
in
Full

Alice V. Colver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

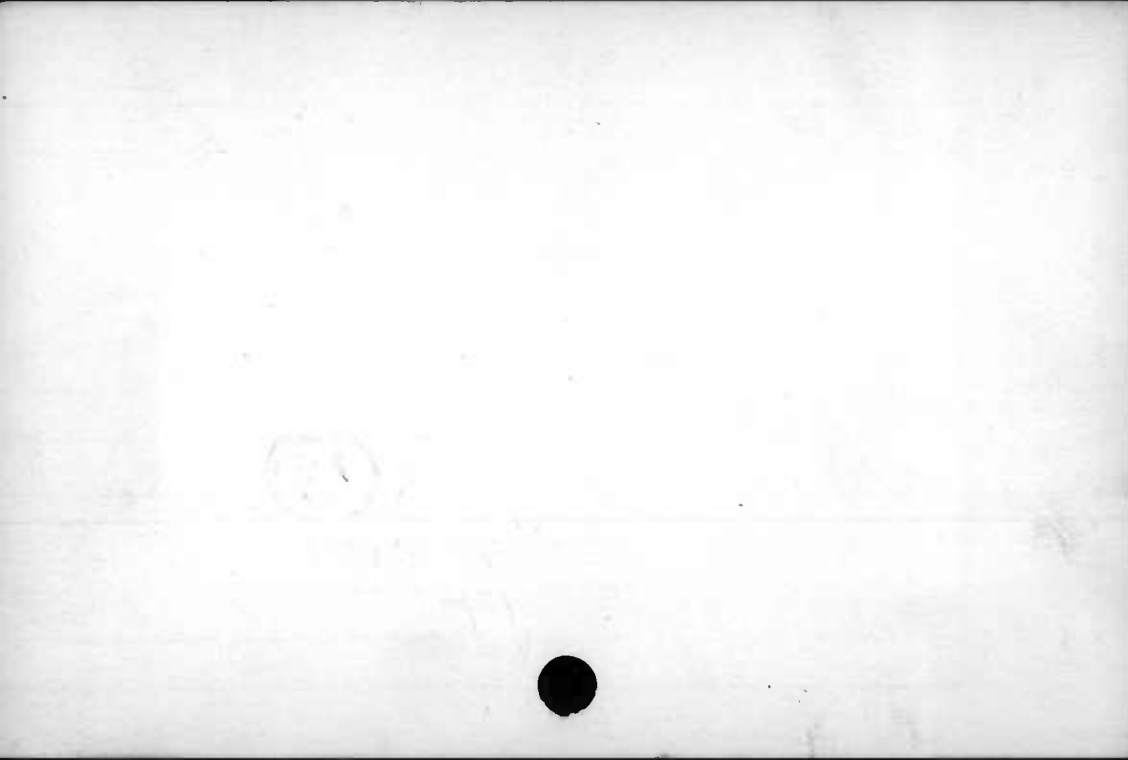
Died at <i>Woolmire</i>		Town <i>Howard</i>		County		MARYLAND		
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>18</i>	Age	<i>19</i>	Years <i>11</i>	Months <i>11</i>	Days <i>11</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ma</i>			
Occupation	<i>House Wife</i>			Where Residing if not at place of death	<i>Colmire</i>			
Married, Single	<i>yes</i>			Name of Wife or Husband	<i>Samuel Colver</i>			
Father's Name	<i>Edward Brown</i>				Father's Birthplace	<i>Ma</i>		
Mother's Maiden Name	<i>Catharine Howard</i>				Mother's Birthplace	<i>Ma</i>		
Name of person giving information	<i>Samuel Colver</i>				How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia Tuberculosis</i>	How long	<i>1 year -</i>
Immediate	<i>Bronchopneumonia</i>	How long	<i>2 mths.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>J. P. C. Haney</i>	
Address		<i>Samuel</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Lillian *Cresswell*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

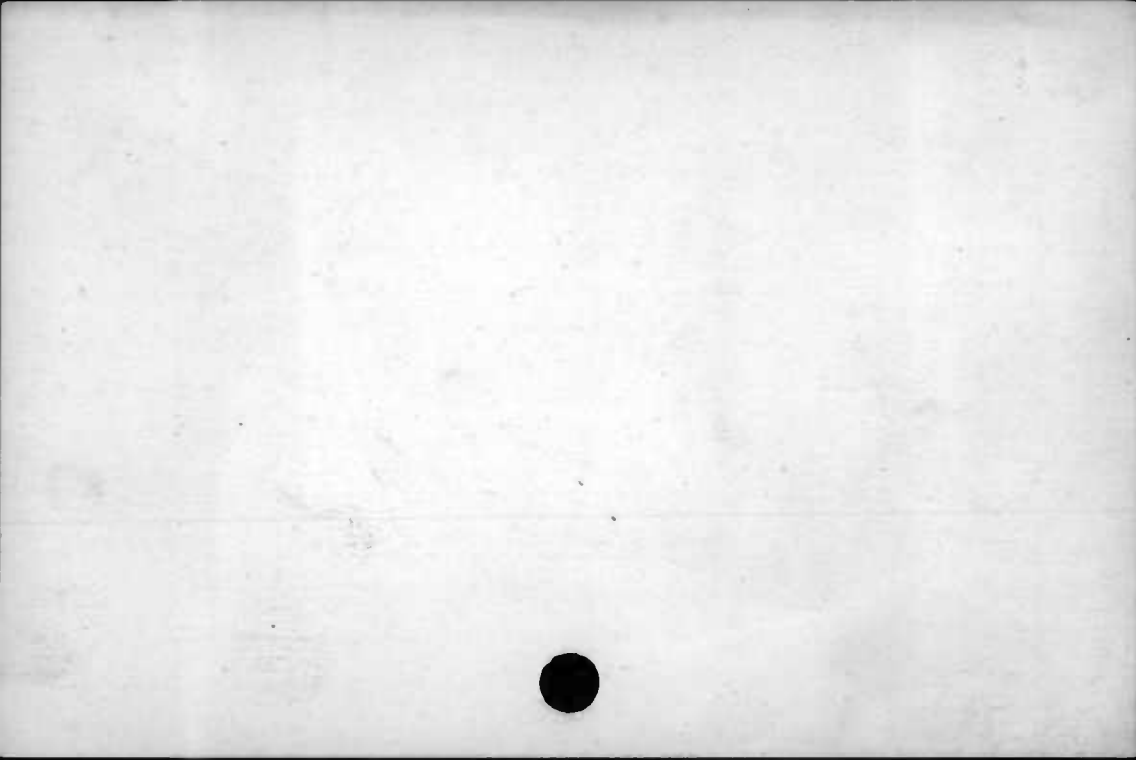
Died at <i>Scappville</i> Town		<i>Howard</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>3</i>	Age	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lanham Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Lanham Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Cresswell</i>	Father's Birthplace <i>Howard Co. Md</i>				
Mother's Maiden Name <i>Elizabeth Leback</i>	Mother's Birthplace <i>Montg. Co Md</i>				
Name of person giving information <i>John Cresswell</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera infantum</i>	How long <i>1 Month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. C. [Signature]</i>
	Address <i>Lanham Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

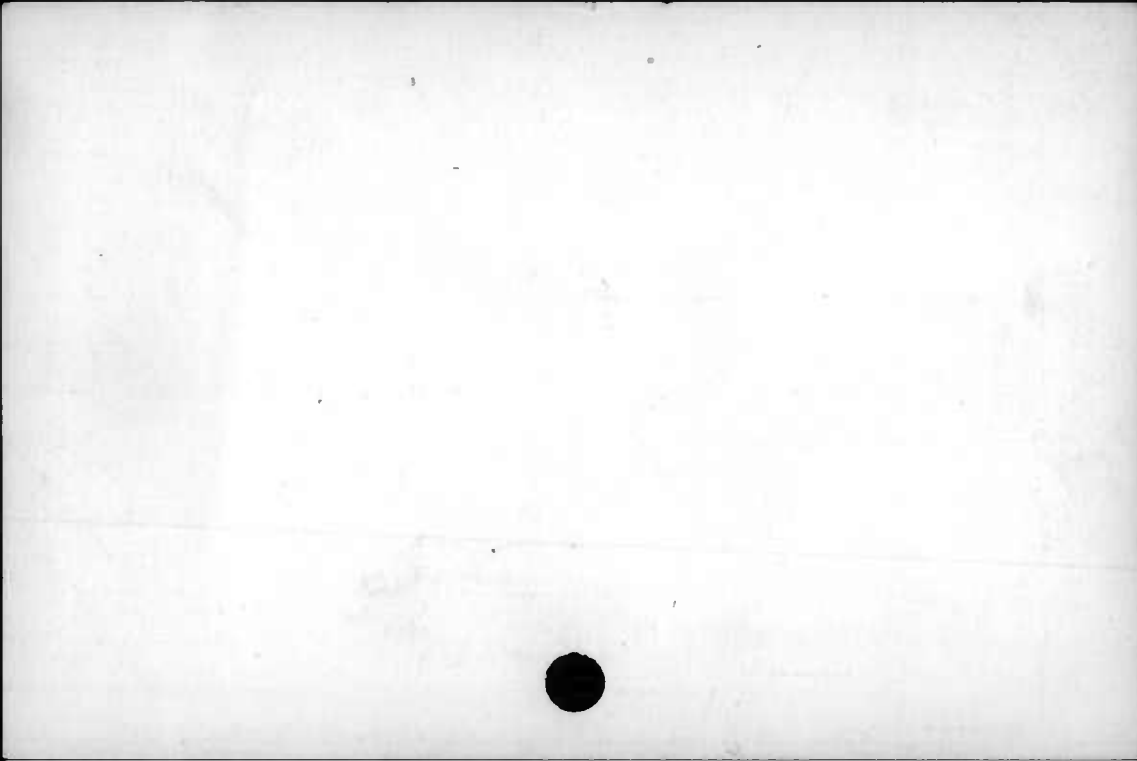
Died at <i>Dayton</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i> <small>Month</small> <i>Sept</i> <small>Day</small> <i>21</i> <small>Years</small> <i>77</i>		<i>77</i> <small>Months</small>		<i>77</i> <small>Days</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Dayton</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Farmie Russell</i>			
Father's Name <i>John Day</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Matilda Burgess</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Grover Day</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>4 days</i>
Immediate <i>Emmoral Thrombosis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. A. Nichols</i>
	Address <i>Dayton Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

James Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

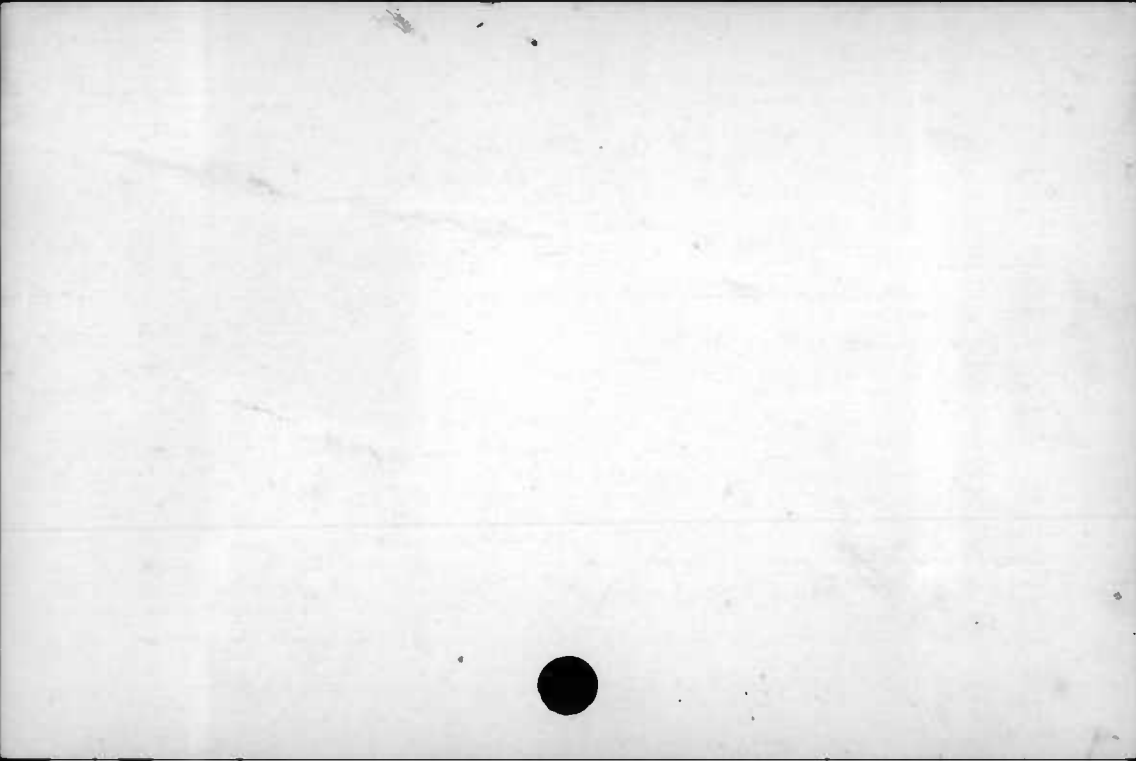
Died at		Town Daisy		County Howard.		MARYLAND	
Date of death		1907	Month Sept.	Day 13	Age	Years	Months 6 weeks Days
Sex	Male.		Color or Race	Negro.		Birth-place	above.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	m		Name of Wife or Husband				
Father's Name	Theodore J. Dutton.					Father's Birthplace	Ind.
Mother's Maiden Name	May B. Garner.					Mother's Birthplace	Ind.
Name of person giving information	Theodore J. Dutton.					How related to deceased	Father

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	Father says "Inward Spasm."		How long
Immediate	(No physician was in attendance)		How long
Are the name, age, sex, color, date and place correctly given above?	P	Signature of Physician	J. W. Lacy.
		Address	Linton
Accident or Suicide?	9.		Ind.



Name
in
Full

Richard E Gaither

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott</i> ^{Town} <i>city</i>		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>14</i>	Age <i>60</i>	Months <i>no</i>	Days <i>no</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farm Hand</i>			Where Residing if not at place of death <i>Ellicott city</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Gaither</i>				
Father's Name <i>Josh Gaither</i>	Father's Birthplace <i>don't know</i>		Mother's Birthplace <i>don't know</i>		
Mother's Maiden Name <i>don't know.</i>	Name of person giving information <i>Richard Baskville</i>		How related to deceased <i>son in law</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Vegetative Heart Lesion</i>	How long <i>years</i>
Immediate <i>Cerebral Emboli</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. C. Shinn</i>
	Address <i>Ellicott City Md.</i>
Accident or Suicide?	

St. Stephen

Name
in
Full

CERTIFICATE OF DEATH

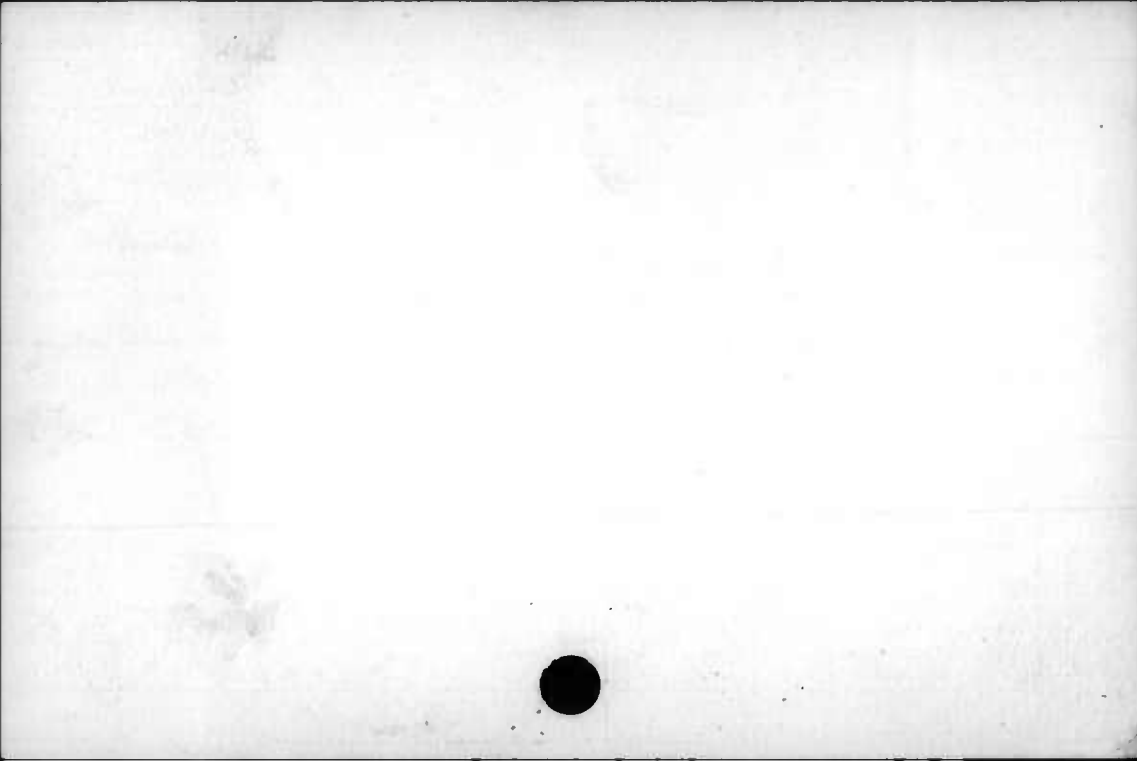
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Gaither</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND					
Died at <i>Ellicott City</i>		Month <i>Sept.</i>		Day <i>21</i>		Years <i>44</i>		Months <i>no</i>		Days <i>no</i>	
Date of death <i>1907</i>		Month <i>Sept.</i>		Day <i>21</i>		Age <i>44</i>		Months <i>no</i>		Days <i>no</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>							
Occupation <i>Farm Hand</i>				Where Residing if not at place of death <i>Ellicott City</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Beckie Gaither</i>									
Father's Name <i>Edward Gaither</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>Mary Gaither</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving information <i>Richard Baskin</i>		How related to deceased <i>Brother in Law</i>									

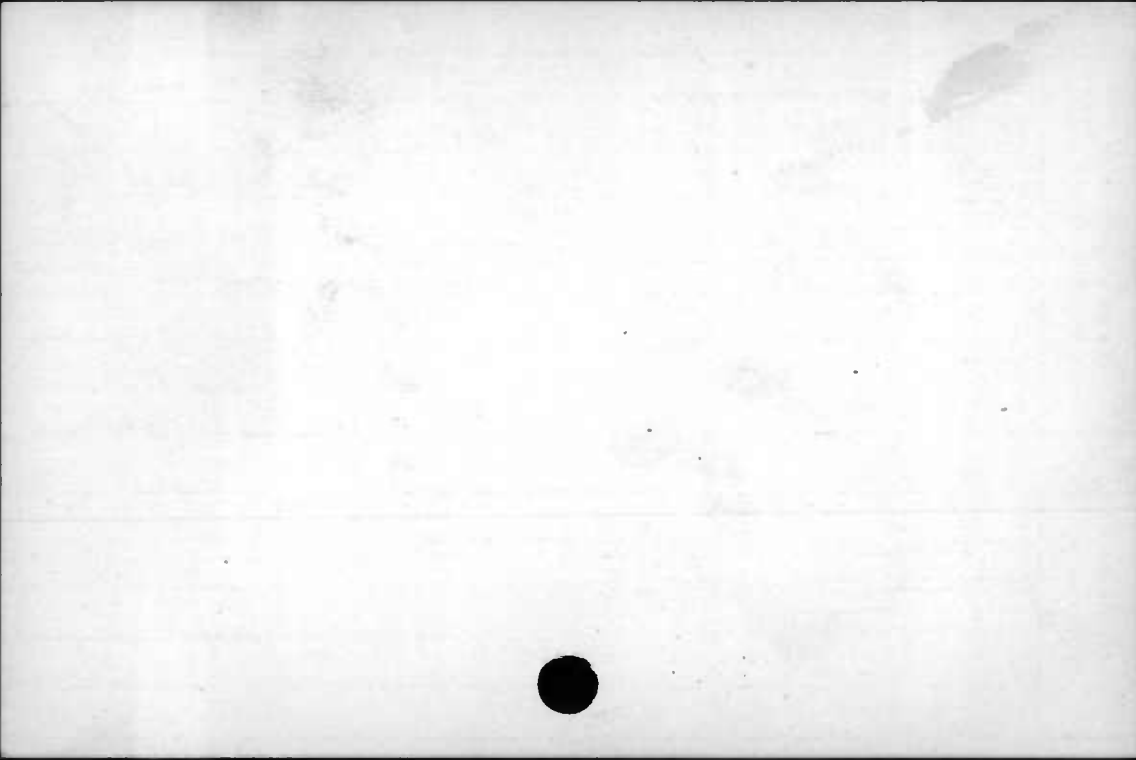
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmon.</i>		How long <i>no</i>	
Immediate <i>Exhaustion</i>		How long <i>sev. days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. C. Shivers</i>	
Address <i>Ellicott City</i>			
Accident or Suicide?			



Name in Full		Town		County		STATE	
Maria L. Hamilton		Dussups		Howard		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		9 18		68		4 28	
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation		Where Residing if not at place of death					
Housekeeper		at home					
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
George Hamilton		Md					
Mother's Maiden Name		Mother's Birthplace					
Sarah Boone		Md					
Name of person giving information		How related to deceased					
Wallis Scott		Nephew					
CAUSES OF DEATH							
Primary		How long					
Typhoid Fever		2 weeks					
Immediate		How long					
Heart failure		prognosis					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		Address					
		Savage					
Accident or Suicide?							
Neither							



Name
in
Full

Frank Hammond

CERTIFICATE OF DEATH

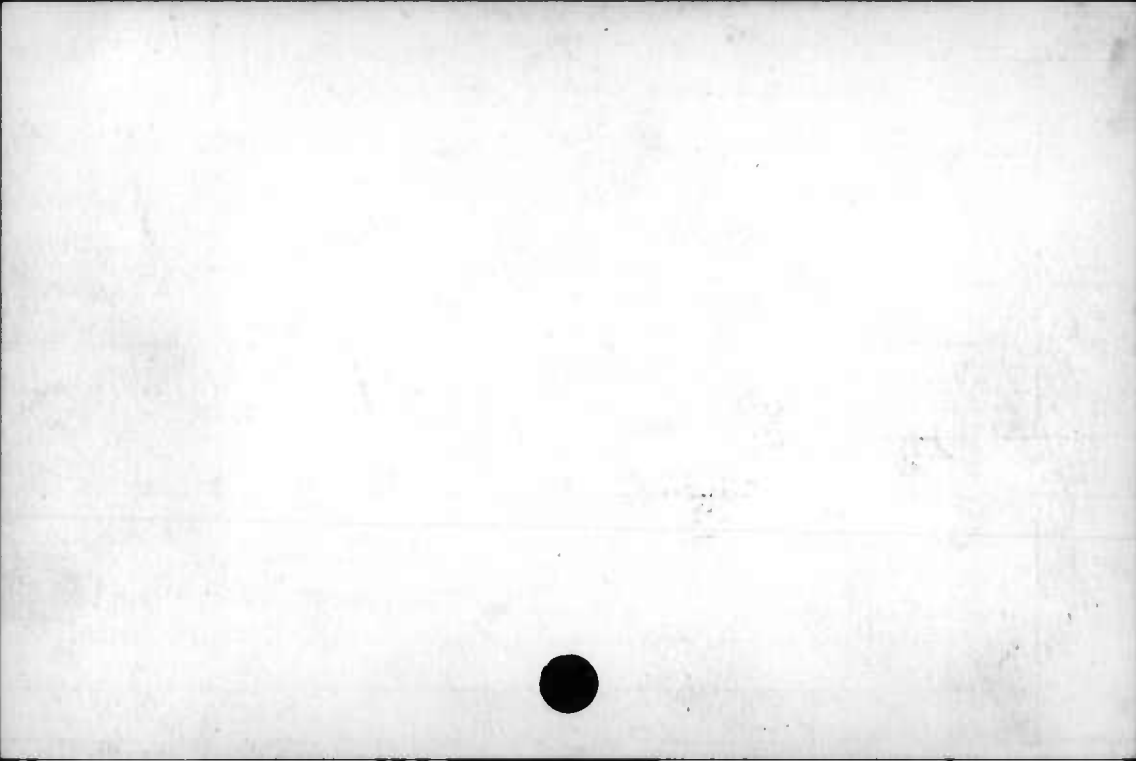
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pine Orchard		County Howard		MARYLAND	
Date of death		1907	Month Sept.	Day 7	Age 25	Years	Months 00
Sex Male		Color or Race Colored		Birth-place Maryland			
Occupation none		Where Residing if not at place of death Pine Orchard					
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name William Hammond		Father's Birthplace Maryland					
Mother's Maiden Name Lizzie Hammond		Mother's Birthplace Maryland					
Name of person giving information William Hammond		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	151
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. Hammond M.D.	
Address		Ellicott City Md	
Accident or Suicide?		No	



Name
in
Full

Mrs Susanah Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died near *Florum* Town*Howard* CountyDate of death *1907* *Sept* *14*

Day

Age *76* Years

Months

Days

Sex *Female*

Color or Race

White

Birthplace

Carroll Co. Md

Occupation

Housewife

Where Residing if not at place of death

at Home

Married, Single or Widowed

Widow

Name of Husband

Elyah P. Harris

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

Mrs Charles Sims

How related to deceased

Daughter

CAUSES OF DEATH

Primary

*diabetic***50**

How long

12 months

Immediate

Uremia

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

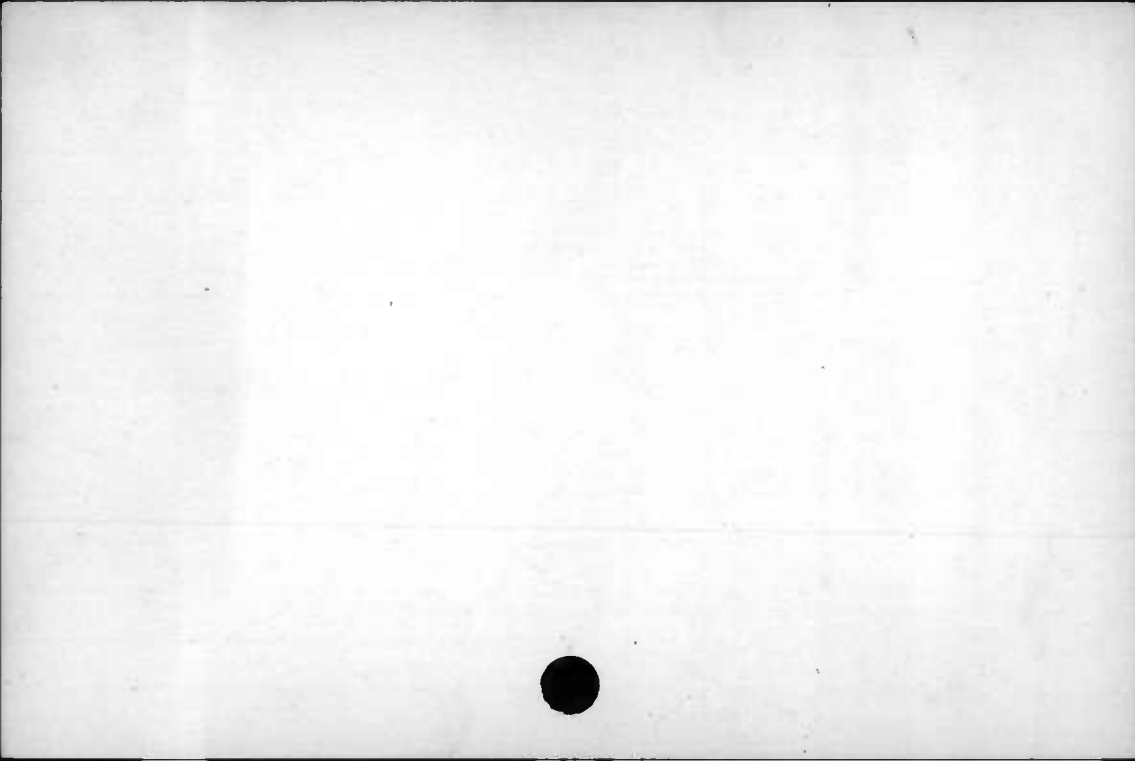
R. O. D. Wainfield

Address

Lisbon, Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

George E. Hipsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

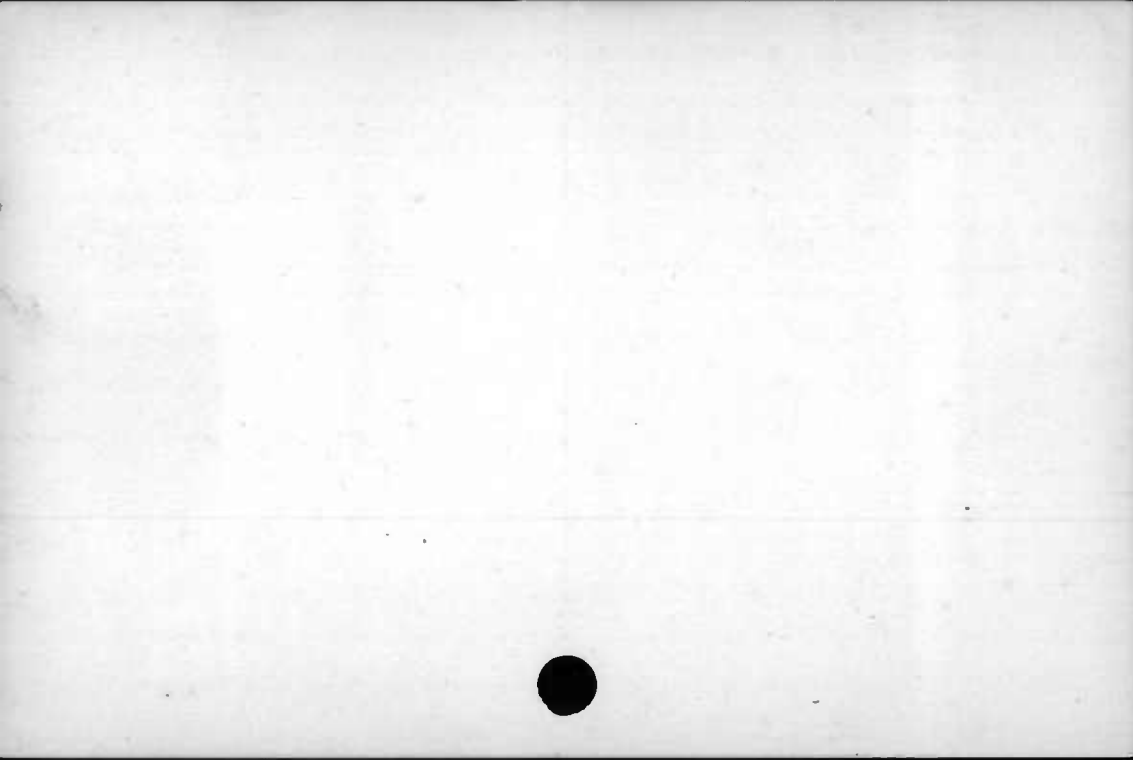
Died at		Town Florence.		County Howard.		MARYLAND	
Date of death		1907	Month Sept.	Day 26	Age 7	Years 1	Months 12
Sex Male.		Color or Race White.		Birth-place Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Chas. F. Hipsley.		Father's Birthplace		Md.	
Mother's Maiden Name		Hattie E. Stallings		Mother's Birthplace		Md.	
Name of person giving information		" "		How related to deceased		Mother	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular heart disease.	How long	12 mo.
Immediate	Dilatation of heart.	How long	2 "
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		J. W. Lacy.	
Address		Lisbon Md.	
Accident or Suicide?		No.	



Name
in
Full

Daniel Ireland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

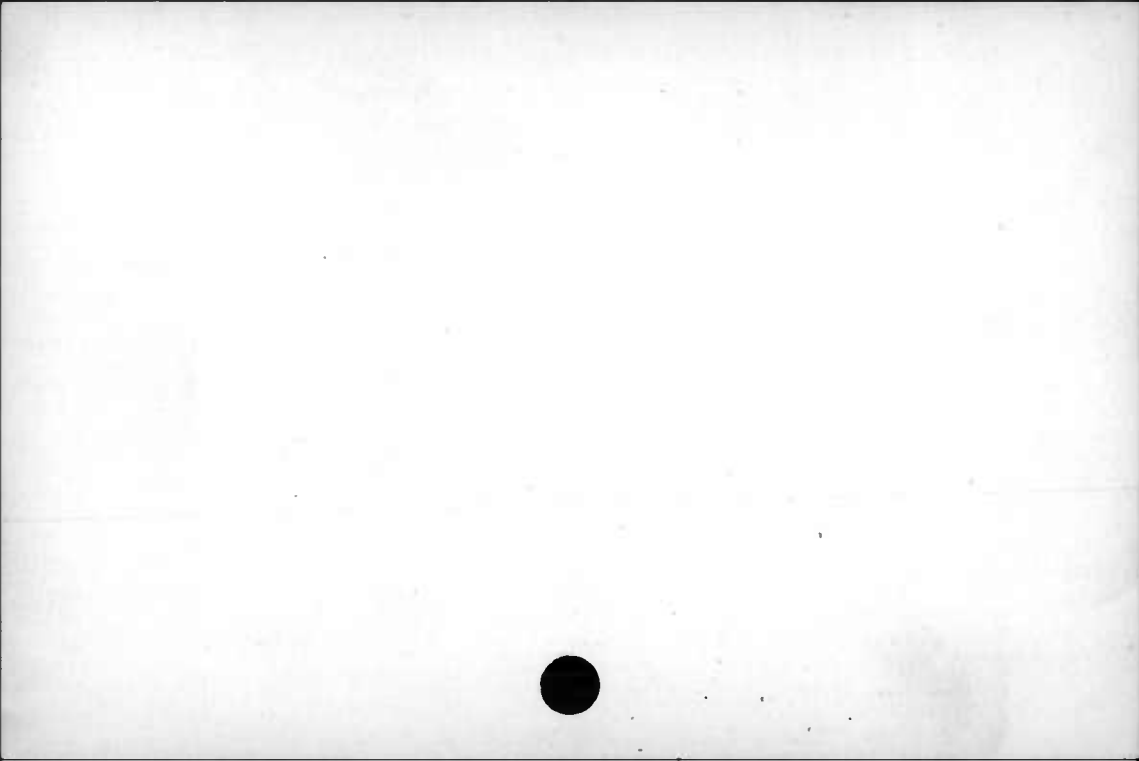
Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death		1907	Month September	Day 10	Age 66	Years 66	Months no
Sex male		Color or Race colored		Birth- place Maryland			
Occupation Retired		Where Residing if not at place of death Ellicott City					
Married, Single or Widowed married		Name of Wife or Husband Hester Ann Ireland					
Father's Name John Ireland		Father's Birthplace Maryland					
Mother's Maiden Name Lucy Ireland		Mother's Birthplace Maryland					
Name of person giving In formation Hester A Ireland		How related to deceased Wife					

CAUSES OF DEATH

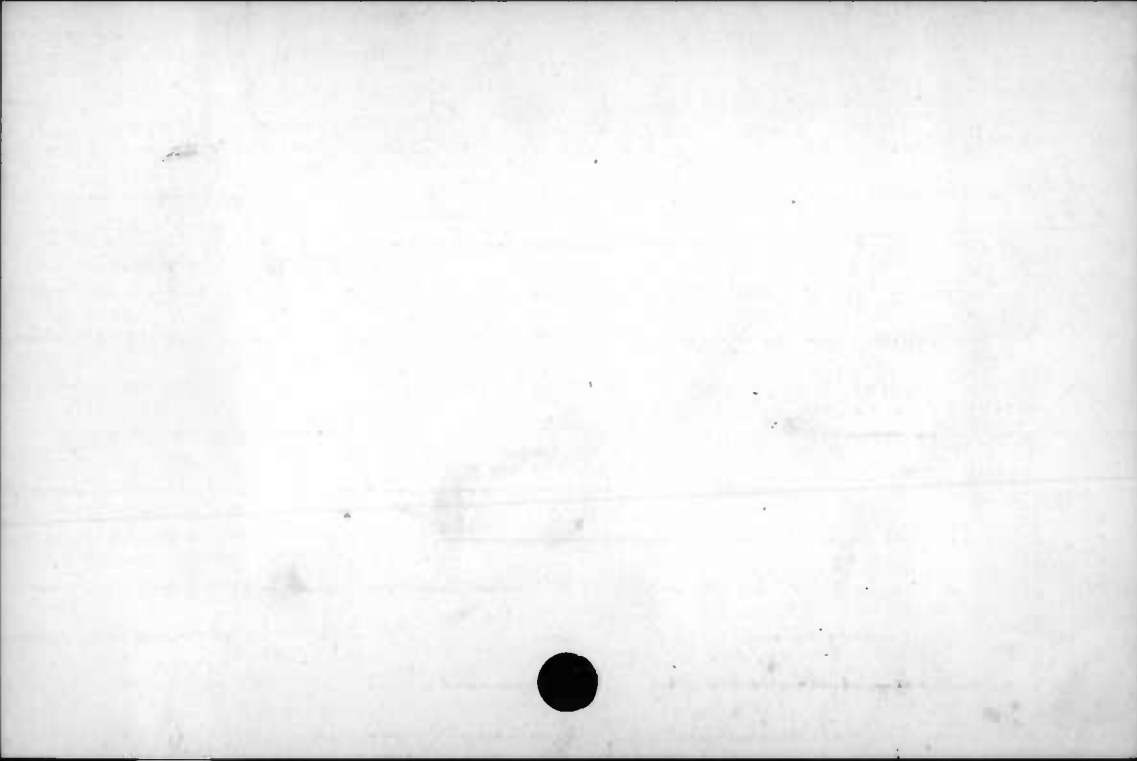
114

PHYSICIAN
OR CORONER

Primary	Endocarditis of the heart	How long	2 yrs
Immediate	Arterial failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Robinson	
Address		Ellicott City	
Accident or Suicide?			



Name in Full		Clarissa Lilly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Savage		County Howard		MARYLAND	
	Date of death	1907	Month 9	Day 24	Age 80	Years 3	Months 14
	Sex	Female		Color or Race White		Birth-place Md.	
	Occupation	Zelma		Where Residing if not at place of death Savage			
	Married, Single or Widowed	Widow		Name of Wife or Husband Zackariah Lilly			
	Father's Name	Job Hamilton		Father's Birthplace Md.			
	Mother's Maiden Name	Phoebe Garp		Mother's Birthplace Md.			
Name of person giving information	Samuel E. Lilly		How related to deceased Son.				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Fracture of Leg.				How long 8 weeks	
	Immediate	Exhaustion				How long progressive	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician William H. Williams		
					Address Savage Md.		
	Accident or Suicide?		accident				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Bessie In Moore*

Town *Elcheater* County *Howard* MARYLAND

Died at *Elcheater*

Date of death *1907* Month *Sept.* Day *3* Age *23* Years Months *10* Days *10*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House Keeper* Where Residing if not at place of death *Elcheater*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Philip Moore* Father's Birthplace *Maryland*

Mother's Maiden Name *Eliza Grace* Mother's Birthplace *Maryland*

Name of person giving information *Eliza Moore* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Septicemia* **20** How long *4 days*

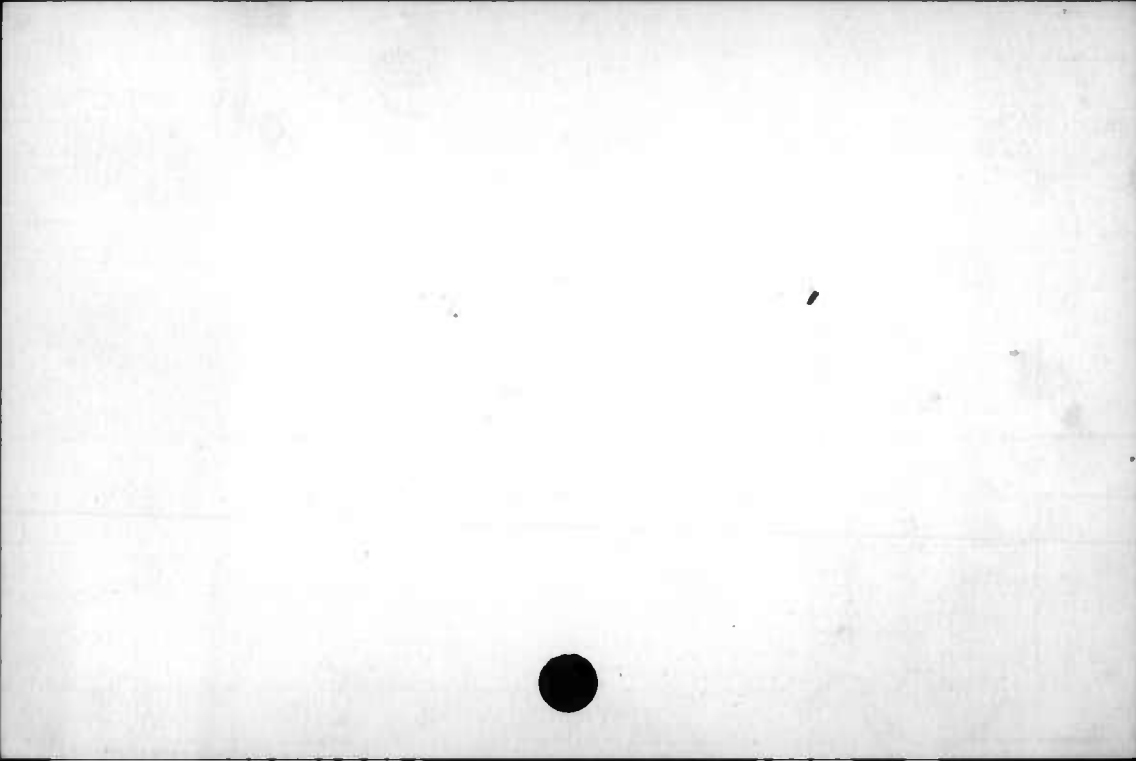
Immediate *Exhaustion & Asphyxiation* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

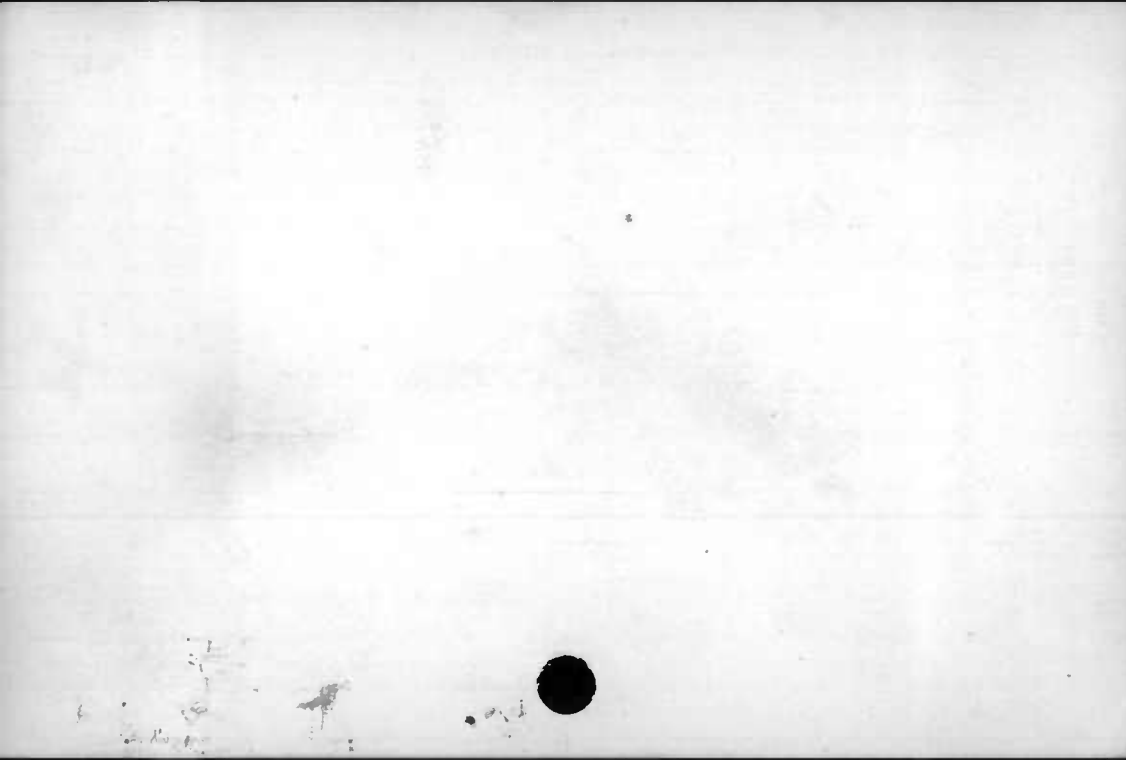
Signature of Physician *Dr. W. B. Brimley M.D.*

Address *Ellicott City Md. P.*

Puerperal Septicemia from abortion induced by Accident or Suicide? unknown person



Name in Full		Susie Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annap. Jct		County Howard		MARYLAND
	Date of death 190		Month 9	Day 12	Age 22	Years	Months Days
	Sex Fem.		Color or Race Wpr		Birth-place Md		
	Occupation Domestic		Where Residing if not at place of death at home				
	Married, Single or Widowed single		Name of Wife or Husband				
	Father's Name Wm Parker				Father's Birthplace W. Va		
	Mother's Maiden Name Charlotti Brooker				Mother's Birthplace Md		
Name of person giving information Rebecca Parker				How related to deceased Sister			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>							
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis				How long 1 year		
	Immediate Exhaustion				How long prognosis		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician W. L. Litchum M.D.		
					Address Savage Md		
	Accident or Suicide? nothing						



Name
in
Full

John J Ray

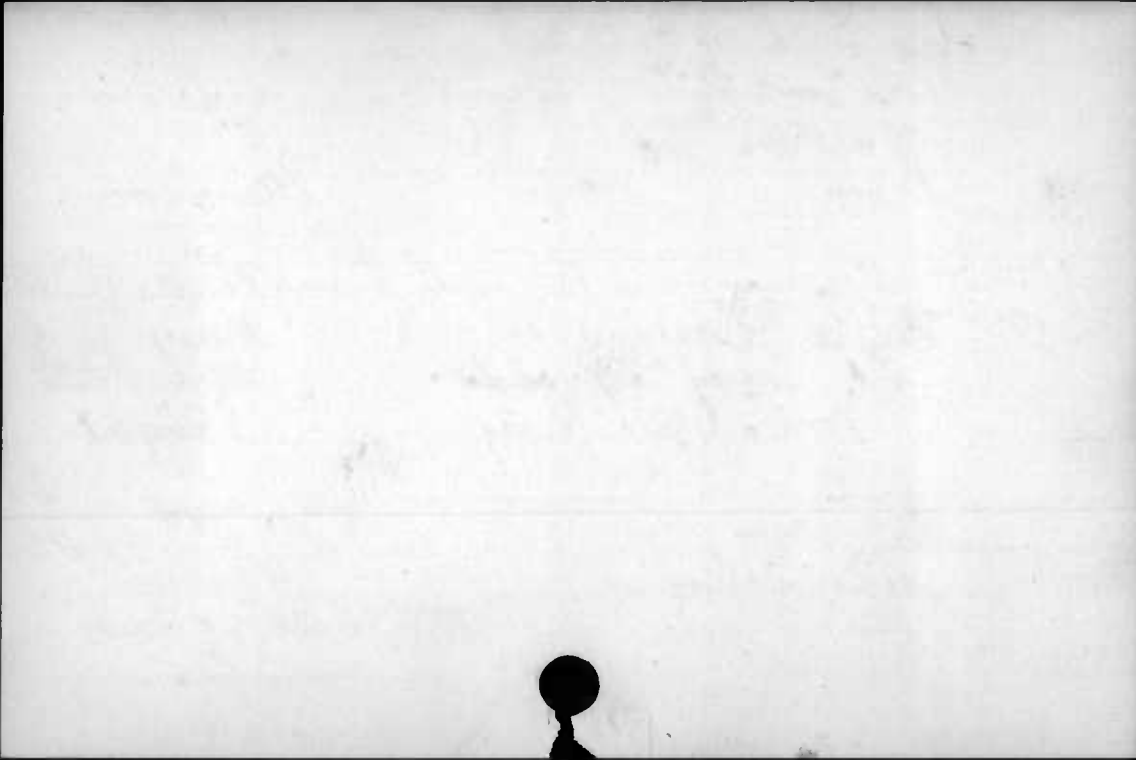
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

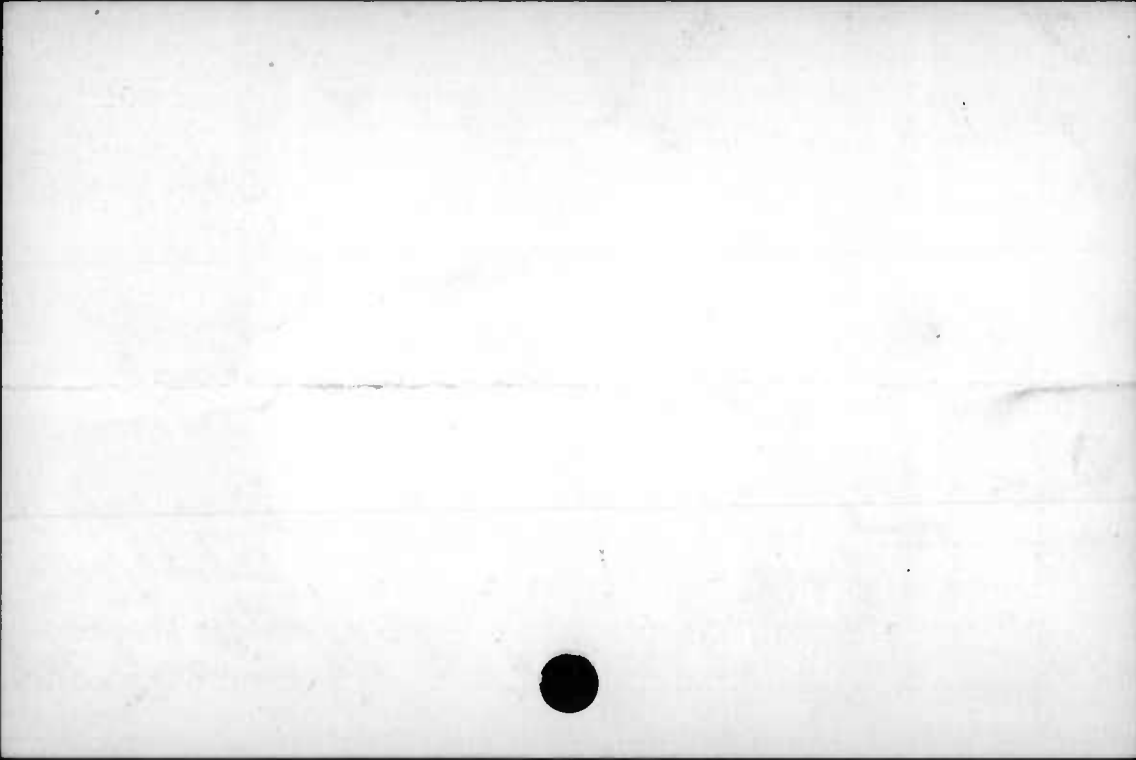
Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>September</i> <small>Month</small>	<i>20</i> <small>Day</small>	<i>89</i> <small>Years</small>	<i>7</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death <i>do</i>				
<i>Widowed</i> <small>Married, Single or Widowed</small>	Name of Wife or Husband <i>Mary E Treakle - Deceased</i>				
Father's Name	<i>Basil Ray</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Eleanor Reynolds</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Miss Josie Ray</i>			How related to deceased	<i>Daughter</i>
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long	<i>3 yrs</i>
Immediate	<i>heart failure</i>	How long	<i>4 months</i>
Are the name, age, sex, color, day and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Thos B. Brown M.D.</i>	
		Address	
		<i>Ellicott City</i>	
Accused of Suicide <i>do</i>			



Name in Full Anna Mary Vollmerhausen		County Howard		MAYLAND	
Died at Guilford Town		County Howard		MAYLAND	
Date of death 1907 Month Sept Day 3rd Age 10 Years 2 Months 2 Days		Sex Female Color or Race white Birth-place Guilford		Occupation Where Residing if not at place of death	
Married, Single or Widowed -		Name of Wife or Husband		Father's Name Seibert Vollmerhausen	
Mother's Maiden Name Elizabeth A. Nicolai		Name of person giving information Mrs. C. Vollmerhausen		Father's Birthplace Guilford	
Name of person giving information Mrs. C. Vollmerhausen		How related to deceased Grandmother		Mother's Birthplace Howard Co.	
CAUSES OF DEATH (8)					
Primary Whooping Cough		How long one month		Immediate Pneumonia	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas C. Tumbelson		How long 10 days	
Address Guilford		Accident or Suicide?		Address Howard Co.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glenwood.		County Howard		MARYLAND	
Date of death 190		Month 7	Day September 12 th	Age 57	Years	Months 9	Days 19
Sex Married		Color or Race White		Birth- place Howard Co.			
Married, Single or Widowed Married		Occupation Farmer					
Name of Wife or Husband Ella G. Hoffman							
Father's Name Evan W. Warfield		Father's Birthplace Howard Co.					
Mother's Maiden Name Follie Warfield		Mother's Birthplace Howard Co.					
Name of person giving In formation Harry Warfield		How related to deceased Son					

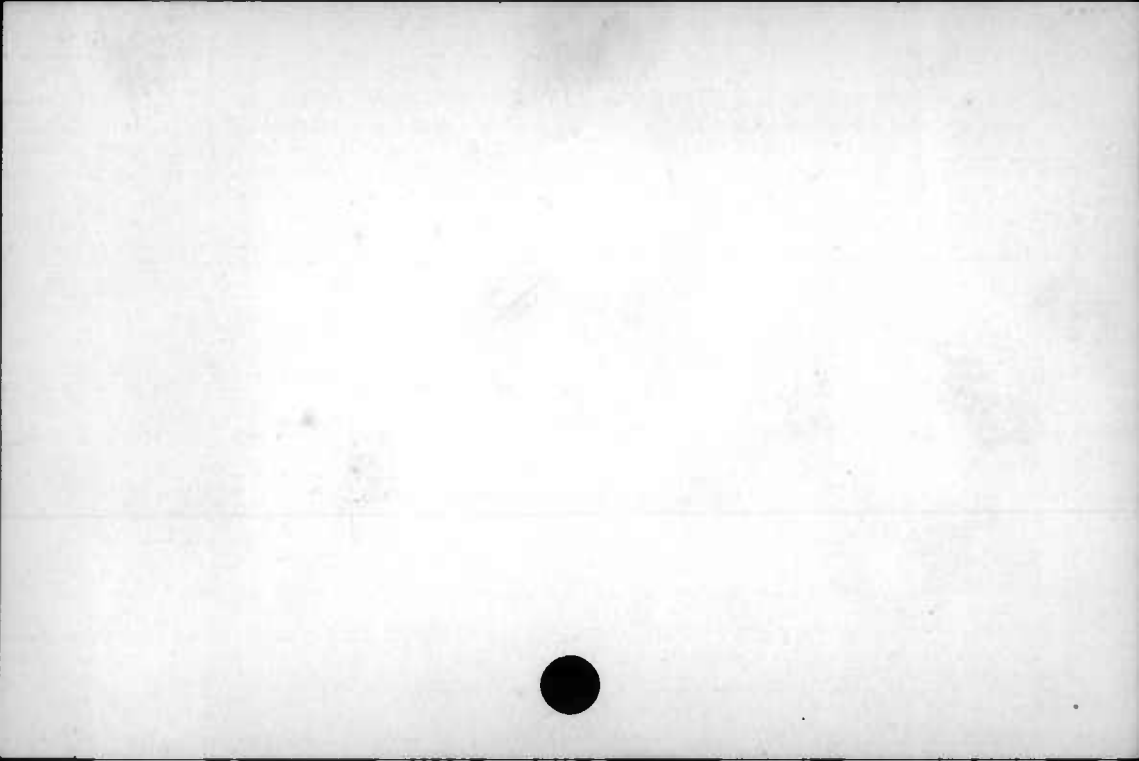
Cirrhosis of the Liver

CAUSES OF DEATH

(112)

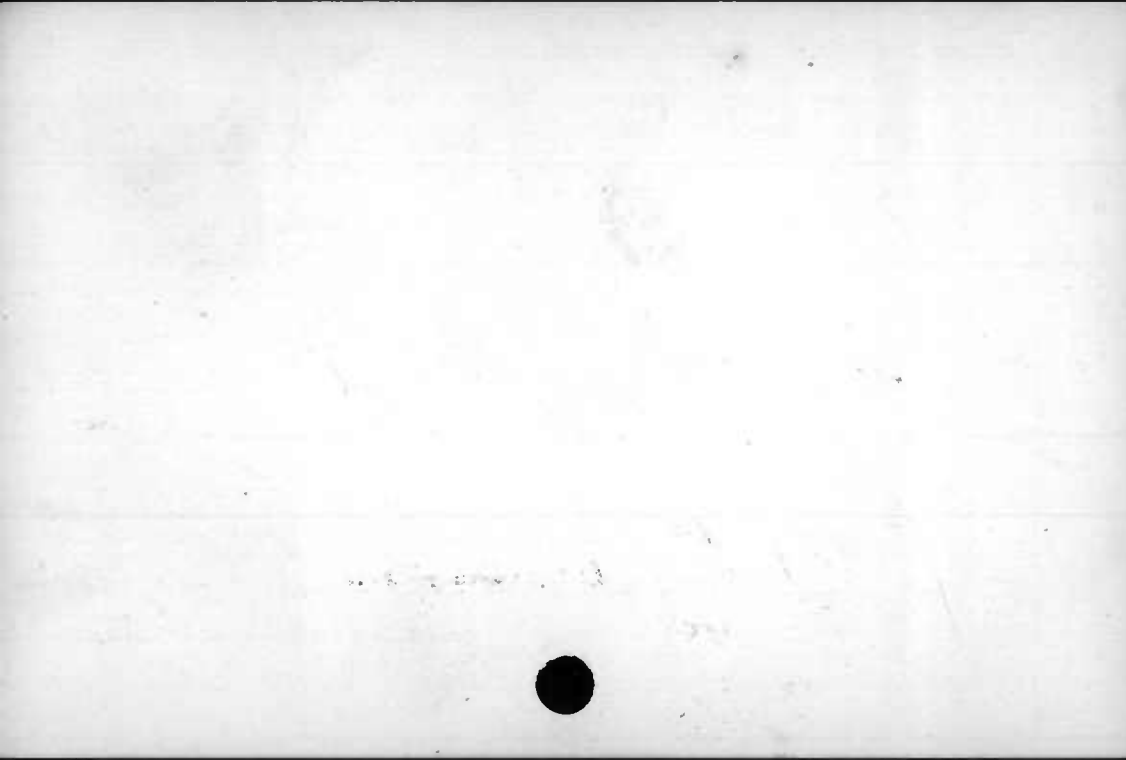
PHYSICIAN
OR CORONER

Primary	Complicated with interstitial nephritis	How long 1 1/2 yrs
Immediate	Heart failure	How long About 1 hour.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address J. Walter Sim - Glenwood, Md
Accident or Suicide?		



Name in Full		Leonard T. Waskey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Savage		County Howard		MARYLAND	
	Date of death	1907	Month 9	Day 2	Age 78	Years 2	Months 20
	Sex	male		Color or Race	white		Birth-place Md
	Occupation	retired		Where Residing if not at place of death		Savage	
	Married, Single or Widowed	married		Name of Wife or Husband	Lucinda V. Blessing		
	Father's Name	Christian Waskey				Father's Birthplace	Md
	Mother's Maiden Name	Margaret Thomas				Mother's Birthplace	Md
Name of person giving information	Lucinda V. Waskey				How related to deceased	wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Infirmities of Age				How long	2 years
	Immediate	Heart failure				How long	progressive
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Whincium M.D.	
					Address	Savage Md	
	Accident or Suicide?		no				

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Name
in
Full

Mary Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Ellicott City</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>21</i>	Years <i>21</i>	Months <i>no</i>	Days <i>no</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>House Girl</i>		Where Residing if not at place of death <i>Ellicott City</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Benjamin Williams</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>John Williams</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>sur days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>N.C. Shuter</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide? <i>9</i>	

